

<i>SERFF Tracking Number:</i>	<i>MUTM-126562884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45285</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC7491</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC7491</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-126562884 State: Arkansas
Advertising - URC7491

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 45285
Standard Plans 2010 Closed

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: KAREN HOWLAND State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Karen Howland Disposition Date: 04/01/2010
Date Submitted: 03/29/2010 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: URC7491

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/01/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Created By: Karen Howland

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karen Howland

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

URC7491

URC7491-1 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not

SERFF Tracking Number: MUTM-126562884 State: Arkansas
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Company Tracking Number: KAREN HOWLAND
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Standard Plans 2010
Product Name: Medicare Supplement Advertising - URC7491
Project Name/Number: Medicare Supplement Advertising/URC7491

intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

This is a self-mailer that will be used to advertise a sample monthly premium. The self-mailer contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact our home office to request the ad be set up and printed. The home office will be responsible for inputting the correct variable information including the current premium and providing the final printed copy.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Regulatory Affairs 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	03/29/2010	35233647

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	04/01/2010	04/01/2010

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Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Filed	Yes
Form	Brochure & Reply Card	Filed	Yes

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Form Schedule

Lead Form Number: URC7491

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/01/2010	URC7491, URC7491-1	Advertising Brochure & Reply Card		Initial			URC7491.pdf

Medicare Supplement Insurance Policy



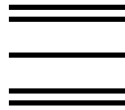
*Happy with
YOUR Medicare
supplement
rate?*



*Open Up To
Compare
And **SAVE!***

URC7491

[Agent's Agency Name]
[Agent's Name]
[Agent's Address]
[Agent's City, State ZIP]



PLEASE
PLACE
STAMP
HERE

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24 are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. United of Omaha Life Insurance Company is licensed nationwide except in NY.

[Agent's Agency Name]
[Agent's Name]
[Agent's Address]
[Agent's City, State ZIP]

We've got you covered.
GO PLAY!

Be happy with your Medicare supplement rate

Whether you're shopping for your first Medicare supplement or wondering if you could save on your current premiums, compare our rates. You might just *whoop* for joy.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
A MUTUAL of OMAHA COMPANY

Our Service Sets Us Apart

Here are just a few of the features you'll enjoy about your Medicare supplement insurance policy from United of Omaha Life Insurance Company:

- No policy fee
- Virtually no claims to file
- Friendly knowledgeable service from our U.S.-based customer care team

FREE Premium Quote

For your no-obligation personalized premium quote – including any applicable discount – contact:

[Line 1]
[Line 2]
[Line 3]
[Line 4]

United of Omaha Life Insurance Company			
[State, ZIP codes or ZIP codes beginning with ###]	Monthly Premium*		
	Age	Plan [Name]	Plan [Name]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]

*Sample base rates; [sex specific rate disclosure]; [appropriate state rate disclosure]



We've got you covered. **GO PLAY!**

INFORMATION REQUEST



Please contact me with information about United of Omaha Life Insurance Company's Medicare supplement insurance policies. I understand there is no cost or obligation for this service.

Name _____ ZIP Code _____

Phone (_____) _____ Best Time to Call _____

This is a solicitation of insurance and an insurance agent will contact you by telephone.

URC7491-1



Underwritten by:
**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Memorandum of Variability	Filed	Date: 04/01/2010
Comments:			
Attachment:			
URC7491 (MoV).pdf			

VARIABLE MATERIAL FOR ADVERTISING FORM

URC7491

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
[State, ZIP Codes or ZIP Codes Beginning With ###] <i>1st column of the rate chart</i>	The State, ZIP code or ZIP codes being marketed will be shown.
[Age] <i>2nd column of the rate chart</i>	Up to 3 ages, between <65 to 90> may be shown. (The “Age” column will be removed from states that are not age rated.)
Plan [Name] <i>Header of the 3rd and 4th columns of the rate chart</i>	Up to 2 of our approved Medicare Supplement plans will be shown.
[Rate] <i>3rd column, second, third and forth row of the rate chart</i>	Up to 3 of the currently approved rate(s) for the plan(s), age(s) and ZIP code(s) will be shown.
[sex specific rate disclosure] <i>directly below the rate chart</i>	If female rates are used, the disclosure will read “Female rates (male rates may be higher).” If male rates are used, the disclosure will read “Male rates (female rates generally lower).” (Neither option will be printed on states that are not gender rated.)
[appropriate state rate disclosure] <i>directly below the rate chart</i>	AR – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. CT – Rates are subject to change. TN, WV – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible. GA, IA, IL, IN, KY, MI, MS, NV, OH, SC, VA – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. NC – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Premiums are based on attained age, which means they will increase each year until age 90. Premiums may also change based on your class.

Contact Information

[Line 1]	Either the Agency Name or the Agent’s Name will appear.
[Line 2] [Line 3] [Line 4]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone, Toll-Free Number or E-Mail Address.

PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that the correct information is printed.